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Thermal Injuries in Operations Iraqi and Enduring Freedom (OIF and OEF)

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ince 2003, during military operations in Iraq and Afghanistan, more than 500 service members have sustained thermal injuries that met criteria for care at a burn center. Thermal injury is often related to explosions resulting from a number of different mechanisms or flames from an accidental fire. Many of the patients who sustained thermal injuries also sustained injuries including soft tissue wounds or fractures. A numbers of these patients were also diagnosed with inhalational injury related to the explosion and resultant fire. All of these casualties were transported to the United States Army Institute of Surgical Research (USAISR) Burn Center, at Brooke Army Medical Center (BAMC) in San Antonio, TX for definitive care. The work of a multi-disciplinary team at the Burn Center is focused on ensuring both acute and long-term care of the burn casualty. The goal of burn care and rehabilitation is to maximize

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function and return to duty if at all possible. Events in Iraq resulting in thermal injuries are not isolated to military personnel. Host nation civilians, as well as paramilitary personnel such as police and security forces, may also be subject to thermal injuries. These patients may receive treatment of their burns at U.S. military facilities stationed throughout the host country. U.S. military medical personnel assigned to any of a number of facilities must therefore be prepared to treat patients with thermal injuries, whether they will be rapidly evacuated out of the region, as in the case of U.S. Forces, or whether they will remain at the local facility for definitive care. For this reason, burn-specific medical training is included as part of pre-deployment preparation. Pre-deployment training is focused on assessment of the burn casualty, fluid resuscitation, early identification of associated injuries, and wound care. In addition, a burn surgeon from the USAISR Burn Center is assigned to one of the military hospitals in Iraq to serve as a trauma surgeon, as well the consultant for burn surgery in theater. There are also ongoing initiatives to support education and training of host nation medical personnel as they seek to increase their knowledge and skills in the treatment of burn patients. These efforts have resulted in survival and improved outcomes for dozens of host nation personnel.

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